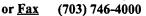
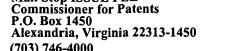
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Complete and send this form, together with applicable fee(s), to: Mail

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12/11/2003

Colin P. Abrahams Suite 400 5850 Canoga Avenue Woodland Hills, CA 91367



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Cølin P. Abrahams	(Depositor's na
Conseran	(Signat
February 11, 2004	(D

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/084,272	02/27/2002	Monita Liu	1150-102.US	7119

TITLE OF INVENTION: ELECTRICALLY ILLUMINATED FLAME SIMULATOR

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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		names of agents OF firm (havi	nting on the patent front page up to 3 registered patent a R, alternatively, (2) the name ing as a member a registered	of a single attorney or	1 Colin	P. Abrahams	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		3		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Colin P. Abrahams	Feb 11, 2004
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